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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

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Application Number	09/698,586-Conf. #3464			
Filing Date	October 27, 2000			
First Named Inventor	Jacob Wohlstadter			
Art Unit	3693			
Examiner Name	H. T. Dass			
Attorney Docket Number	W0538.70003US00			

**ENCLOSURES** (Check all that apply) After Allowance Communication X | Fee Transmittal Form Drawing(s) to TC Appeal Communication to Board of x | Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC x | Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final **Proprietary Information Provisional Application** Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please X Extension of Time Request Terminal Disclaimer Identify below): Check - \$225 **Express Abandonment Request** Request for Refund Return Receipt Postcard Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name WOLF, GREENFIELD & SACKS, P.C. Signature Printed name Steven J. Henry Date Reg. No. August 30, 2007 27,900

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		Complete if Known					
Fees pursuant to the	Effective of 12/08/20 Consolidated ApploBA	ct, 2005 (H.R. 4818)	Application No	ımber	09/698,586-Cd	onf. #3464	
FEE TRANSMITTAL For FY 2007			Filing Date		October 27, 2000		
			First Named I	nventor	Jacob Wohlstadter		
	FULL TO	<u> </u>	Examiner Nam	e	H. T. Dass		
x Applicant cl	Art Unit		3693				
TOTAL AMOUNT O	Attorney Dock	Attorney Docket No. W0538.70003US00					
METHOD OF PAYMENT (check all that apply)							
x Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.							
For the ab	ove-identified depos	it account, the Director	is hereby authori	zed to: (ch	eck all that apply)		
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	rge any additional fe s) under 37 CFR 1.1	e(s) or underpayments 6 and 1.17	of x Cred	lit any over	payments		
FEE CALCULA	TION						
1. BASIC FILING,	SEARCH, AND EX	AMINATION FEES					
	FIL		EARCH FEES		INATION FEES		
Application Type	e <u>Fee (\$)</u>	Small Entity Fee (\$) Fee	Small Entit (\$) Fee (\$)	<u> Fee (\$</u>	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	300	150 50	250	200	100		
Design	200	100 10	50	130	65		
Plant	200	100 30	150	160	80		
Reissue	300	150 50	250	600	300	-	
Provisional	200	100	0	0	0		
2. EXCESS CLAIR	// FEES						Small Entity
Fee Description						Fee (\$)	Fee (\$)
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-	claim over 3 (include	ling Reissues)				200	100
Multiple depender	nt claims					360	180
<b>Total Claims</b>	Extra Claims	Fee (\$) Fee	Paid (\$)	1	Multiple Depende	<u>ent Claims</u>	
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HP = highest number	of independent claims p	aid for, if greater than 3.					
3. APPLICATION	SIZE FEE						
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listings under	37 CFR 1.52(e)), the	e application size fee of U.S.C. 41(a)(1)(G) an	lue is \$250 (\$125	for small	entity) for each a	dditional 50	)
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SUBMITTED BY							
Signature	Sns		Registration No. (Attorney/Agent)	27,900	) Telephone	(617) 646	3-8000
Name (Print/Type)	Steven Henry		(		Date	August 30	
			·				

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